

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization CHADD - CHILDREN AND ADULTS WITH ATTEN. DEFICIT/HYPERACTIVITY DISORDER. D Employer identification number 59-2817697. E Telephone number (301) 306-7070. F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: WWW.CHADD.ORG

J Organization type (check only one) X 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,591,577.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>56,372.</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	56,372.	56,372.	STMT 4	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	201,524.	152,207.	42,218.	7,099.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B				
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	2,288,549.	2,006,765.	65,039.	216,745.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27				
<b>29</b> Payroll taxes				
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees				
<b>32</b> Legal fees				
<b>33</b> Supplies	110,703.	100,850.	8,566.	1,287.
<b>34</b> Telephone	24,134.	11,910.	11,228.	996.
<b>35</b> Postage and shipping	274,611.	268,641.	595.	5,375.
<b>36</b> Occupancy	193,472.	163,097.	20,044.	10,331.
<b>37</b> Equipment rental and maintenance	61,844.	61,402.	7.	435.
<b>38</b> Printing and publications	480,094.	463,396.	858.	15,840.
<b>39</b> Travel	83,491.	77,773.	3,130.	2,588.
<b>40</b> Conferences, conventions, and meetings	449,795.	321,720.	21,072.	107,003.
<b>41</b> Interest	7,554.	NONE	7,554.	NONE
<b>42</b> Depreciation, depletion, etc. (attach schedule)	69,673.	9,908.	59,765.	NONE
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> PROFESSIONAL FEES	531,016.	348,986.	178,510.	3,520.
<b>b</b> INSURANCE	33,194.	17,980.	14,555.	659.
<b>c</b> LICENSES AND FEES	51,243.	8,053.	41,200.	1,990.
<b>d</b> ADVERTISING	75,905.	75,905.	NONE	NONE
<b>e</b> DUES AND SUBSCRIPTIONS	12,197.	11,771.	231.	195.
<b>f</b> MISCELLANEOUS	53,051.	52,905.	NONE	146.
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	5,058,422.	4,209,641.	474,572.	374,209.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>SEE STATEMENT 5</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> PROVIDE SUPPORT FOR INDIVIDUALS WITH ATTENTION DEFICIT/ HYPERACTIVITY DISORDERS AND THOSE WHO CARE FOR THEM  (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	4,209,641.
<b>b</b>   (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>   (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>   (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	4,209,641.

**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash - non-interest-bearing . . . . .	907,226.	<b>45</b>	490,498.
	<b>46</b> Savings and temporary cash investments . . . . .	481,648.	<b>46</b>	284,817.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 407,981.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b>	402,297.	<b>47c</b> 407,981.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	20,650.	<b>52</b>	19,422.
	<b>53</b> Prepaid expenses and deferred charges . . . . .	37,749.	<b>53</b>	94,908.
	<b>54a</b> Investments - publicly-traded securities . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b> 569,520.		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 346,087.	232,994.	<b>55c</b> 223,433.
	<b>56</b> Investments - other (attach schedule) . . . . .	268,060.	<b>56</b>	250,171.
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b>		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b>		<b>57c</b>	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8 ) . . . . .	23,715.	<b>58</b>	23,715.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	2,374,339.	<b>59</b>	1,794,945.	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	205,116.	<b>60</b>	214,952.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	427,571.	<b>62</b>	397,593.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 10 ) . . . . .	127,077.	<b>65</b>	92,106.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	759,764.	<b>66</b>	704,651.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	959,909.	<b>67</b>	463,145.
	<b>68</b> Temporarily restricted . . . . .	654,666.	<b>68</b>	627,149.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	1,614,575.	<b>73</b>	1,090,294.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	2,374,339.	<b>74</b>	1,794,945.





Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2007
91a The books are in care of
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?

91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year  92  N/A

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONFERENCES					541,435.
b PUBLICATIONS	541800	206,277.			570,988.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					432,024.
95 Interest on savings and temporary cash investments . . . . .			14	51,359.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	7,422.	
101 Net income or (loss) from special events . . . . .					-25,855.
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b OTHER					30,335.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		206,277.		58,781.	1,548,927.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					1,813,985.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

▼ STMT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature *J. Aguirre* Date *11/21/08* Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) P00308177

Firm's name (or yours if self-employed), address, and ZIP + 4 SQUIRE, LEMKIN + O' BRIEN, LLP EIN 52-2041603  
111 ROCKVILLE PIKE, SUITE 475 Phone no. 301-424-6800  
ROCKVILLE, MD 20850

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **CHADD - CHILDREN AND ADULTS WITH ATTEN.  
DEFICIT/HYPERACTIVITY DISORDER**

Employer identification number  
**59-2817697**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 18				

Total number of other employees paid over \$50,000 . . ▶ **13**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 19		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ **NONE**

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 102,579. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .S.T.M.T. .20

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	9,455.
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	93,124.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	102,579.
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	4,981,698.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	5,084,277.
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000 . . . . .	<b>41</b>	404,214.
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	101,054.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 13 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .	404,214.	394,194.	371,018.	361,890.	1,531,316.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					2,296,974.
<b>47</b> Total lobbying expenditures	102,579.	68,800.	52,279.	48,807.	272,465.
<b>48</b> Grassroots nontaxable amount . . . . .	101,054.	98,549.	92,755.	90,473.	382,831.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					574,247.
<b>50</b> Grassroots lobbying expenditures . . . . .	9,455.	10,393.	6,695.	5,857.	32,400.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization	CHADD - CHILDREN AND ADULTS WITH ATTE	<b>Employer identification number</b>
		DEFICIT/HYPERACTIVITY DISORDER	59-2817697
	Number, street, and room or suite no. If a P.O. box, see instructions.	8181 PROFESSIONAL PLACE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	LANDOVER, MD 20785		

### Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ THE ORGANIZATION

Telephone No. ▶ 301 306-7070 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning 07/01, 2007, and ending 06/30, 2008.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	NONE
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION -----	AMOUNT -----
GOLF TOURNAMENT	110,620.
TOTAL	----- 110,620. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
-----	-----	-----	-----
GOLF TOURNAMENT	NONE	25,855.	-25,855.
TOTALS	NONE	25,855.	-25,855.
	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSS ON INVESTMENTS	-31,386.
	-----
TOTAL	-31,386.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GRANTS PAID			
=====			
AWARDS AND SCHOLARSHIPS (SEE ATTACHED STMT.)			56,372.
		TOTAL CONTRIBUTIONS PAID	56,372.
			----- =====

**CHADD - Children and Adults with Attention-Deficit/Hyperactivity Disorder**  
**Schedule of Awards and Scholarships**  
**Fiscal Year Ended June 30, 2007**

<b>Recipient Name</b>	<b>Award Description</b>	<b>Resident State</b>	<b>Award Amount</b>
BRIAN T. WYMBS	Young Scientist Research Award	PA	\$ 5,000
STEVE S. LEE	Young Scientist Research Award	CA	5,000
KATE FLORY	Young Scientist Research Award	CA	5,000
NIKI RIELLY	JAD 2006 CHADD/FAMILY AWARD	Ontario, Can	500
Daniel Garitano	Summer Camp Scholarship	SD	6,900
Daniel Garitano	Summer Camp Scholarship	SD	1,100
Nicole Mensing	Summer Camp Scholarship	CA	8,000
Sophie Hoffman	Summer Camp Scholarship	NY	8,000
FBO Donald Bryan	Summer Camp Scholarship	OH	3,420
Donald Bryan	Summer Camp Scholarship	OH	356
Donald Bryan	Summer Camp Scholarship	OH	795
Renee Knight	Matt Cohen Scholarship	IL	45
Mike & Lynn Myrvang	Matt Cohen Scholarship	WA	45
Ronald Beach	Matt Cohen Scholarship	KY	45
Jennifer Gerlach	Matt Cohen Scholarship	IL	45
Aaron/Jana Diaz	Matt Cohen Scholarship	IL	45
Micheline Fisher	Matt Cohen Scholarship	NJ	45
Elizabeth Cantley	Matt Cohen Scholarship	OH	45
Athina Helle	Matt Cohen Scholarship	IA	45
Pamela Oguagha	Matt Cohen Scholarship	MD	45
Susan Kieser-Neisen	Matt Cohen Scholarship	MN	45
Heather Sewell	Matt Cohen Scholarship	SC	40
Janice Worthington	Matt Cohen Scholarship	TN	45
Amber Deuel	Matt Cohen Scholarship	TX	45
Laura Lewis	Matt Cohen Scholarship	AR	45
Michele Tucker	Matt Cohen Scholarship	FL	45
Angeila Bridges	Matt Cohen Scholarship	AZ	45
JoAngel Munos	Matt Cohen Scholarship	TX	45
Samantha Thompson	Matt Cohen Scholarship	HI	45
Nancy Bataille	Matt Cohen Scholarship	FL	45
Rebecca Julagay	Matt Cohen Scholarship	OH	45
Carolina Chavez	Matt Cohen Scholarship	TX	45
Lori Descoteaux	Matt Cohen Scholarship	ME	45
Allen Firestine	Matt Cohen Scholarship	MI	45
Christine Walton	Matt Cohen Scholarship	PA	45
Hobert Finger	Matt Cohen Scholarship	TN	45
Kathleen Quesenberry	Matt Cohen Scholarship	MD	45
John Stevens	Matt Cohen Scholarship	PA	45
Carmella Parris	Matt Cohen Scholarship	VI	45
Pat Reese	Matt Cohen Scholarship	OH	45
Hubainatu Hagan	Matt Cohen Scholarship	MD	45
Katie Slomovitz	Matt Cohen Scholarship	AR	45
Bob St. Rohmeyer	Matt Cohen Scholarship	PA	45
Tina Styles	Matt Cohen Scholarship	NC	45
Jamie Bilkey	Matt Cohen Scholarship	MI	45
Stephanie Todd	Matt Cohen Scholarship	VA	45
Bob Strohmeier	Matt Cohen Scholarship	PA	45
Summer Scott	Matt Cohen Scholarship	CA	45
Debra Sodoma	Matt Cohen Scholarship	ME	45
Brenda Rothmann	Matt Cohen Scholarship	WI	45
Lonny LaDouceur	Matt Cohen Scholarship	TN	45
Brenda Bailey	Matt Cohen Scholarship	OR	45
Dana Ford	Matt Cohen Scholarship	NJ	45
Heidi Levine	Matt Cohen Scholarship	CA	45
Michael Clair	Matt Cohen Scholarship	MD	45
Rachel McClatchey	Matt Cohen Scholarship	IN	45
Sam Smith	Matt Cohen Scholarship	TX	45

Joy Senecal	Matt Cohen Scholarship	MN	45
Rebecca Emary	Matt Cohen Scholarship	MN	45
Alexander Kawa	Matt Cohen Scholarship	CA	45
Yolanda Zebko	Matt Cohen Scholarship	CA	45
Mindy James	Matt Cohen Scholarship	WV	45
Lea Burnside	Matt Cohen Scholarship	WV	45
Nancy Carlson	Matt Cohen Scholarship	MN	45
Barbara Shillings	Matt Cohen Scholarship	FL	45
Tamala Tolson	Matt Cohen Scholarship	MO	45
Kim Daniel	Matt Cohen Scholarship	WI	45
Carol Ruch	Matt Cohen Scholarship	CA	45
Janet Fox	Matt Cohen Scholarship	MI	45
Michelle Nielson	Matt Cohen Scholarship	ID	45
Amber Rush	Matt Cohen Scholarship	KS	45
Linda Dufton	Matt Cohen Scholarship	CA	45
Lara Johnson	Matt Cohen Scholarship	LA	45
Lorna Peterson	Matt Cohen Scholarship	OR	45
Melissa Phillips	Matt Cohen Scholarship	OH	45
Jody Low	Matt Cohen Scholarship	WA	45
Sarah Kubeczka	Matt Cohen Scholarship	TX	45
Janice Deyo	Matt Cohen Scholarship	VT	45
Patrice Taylor	Matt Cohen Scholarship	MI	45
Mary Moliviatis	Matt Cohen Scholarship	OH	45
Melanie Mathis	Matt Cohen Scholarship	TX	45
Jill Hoffmann	Matt Cohen Scholarship	OH	45
Lainey McCollum	Matt Cohen Scholarship	GA	45
Sherry Hicks-Savage	Matt Cohen Scholarship	MD	45
Christy Sanders	Matt Cohen Scholarship	AL	45
Monica Nunez	Matt Cohen Scholarship	CA	45
Shellie Meehan	Matt Cohen Scholarship	FL	45
Sharon Guzman	Matt Cohen Scholarship	NY	45
Karin Fox	Matt Cohen Scholarship	PA	45
Jo Schrepfes	Matt Cohen Scholarship	AZ	45
Judy Bettendorf	Matt Cohen Scholarship	NC	45
Sheri Lopez	Matt Cohen Scholarship	PA	45
Dennis Walsh	Matt Cohen Scholarship	MN	45
Marcela Friedman	Matt Cohen Scholarship	PA	45
Michelle Bettendorf	Matt Cohen Scholarship	NC	45
Noemi Wecker	Matt Cohen Scholarship	WI	45
Marcia Friedman	Matt Cohen Scholarship	PA	45
Heidi Fredeen	Matt Cohen Scholarship	PA	45
Arlene Green	Matt Cohen Scholarship	NJ	45
Julia Siegel	Matt Cohen Scholarship	OR	45
Lisa Read	Matt Cohen Scholarship	FL	45
Rachelle Pittsley	Matt Cohen Scholarship	MN	45
Summer Bernath	Matt Cohen Scholarship	FL	45
Leonie Finkel	Matt Cohen Scholarship	PA	45
Sarah Haley	Matt Cohen Scholarship	AZ	45
Dawn Jennings	Matt Cohen Scholarship	MO	45
Amy Wallace	Matt Cohen Scholarship	NY	45
Teresa Schott	Matt Cohen Scholarship	MN	45
Michelle Tafoya	Matt Cohen Scholarship	OR	45
Lorie Siebler	Matt Cohen Scholarship	CA	45
Trish Muse	Matt Cohen Scholarship	VA	45
Suzanne Pecore	Matt Cohen Scholarship	OR	45
James Olson	Matt Cohen Scholarship	SD	45
Renee Wyatt	Matt Cohen Scholarship	VA	45
Delanya Clarkson	Matt Cohen Scholarship	OR	45
Cindy Webb	Matt Cohen Scholarship	NC	45
Joey Fair	Matt Cohen Scholarship	AL	45
Albert Edwards	Matt Cohen Scholarship	NC	45
Nicole Allen	Matt Cohen Scholarship	NJ	45
Renee McCree	Matt Cohen Scholarship	MI	45
Erik Valdmanis	Matt Cohen Scholarship	MN	45

Robin Cottengim	Matt Cohen Scholarship	OR	45
Holly Alexander	Matt Cohen Scholarship	MA	45
Terri Brown	Matt Cohen Scholarship	OR	45
Renee Hurst	Matt Cohen Scholarship	MI	45
Amy Goodlett	Matt Cohen Scholarship	KY	45
Nathan Hadley	Matt Cohen Scholarship	UT	45
Megan O'Brien	Matt Cohen Scholarship	NC	45
Tamera Brimm	Matt Cohen Scholarship	MI	45
David Levitan	Matt Cohen Scholarship	MA	45
Joe Goodley	Matt Cohen Scholarship	OR	45
Stephanie Ferraro	Matt Cohen Scholarship	PA	45
Jennifer Dominick	Matt Cohen Scholarship	NH	45
Joette Khamis	Matt Cohen Scholarship	NY	45
April Delph	Matt Cohen Scholarship	NV	45
Julia Rivera	Matt Cohen Scholarship	PR	45
Jon Leatherwood	Matt Cohen Scholarship	SC	45
Karen Pietrusinski	Matt Cohen Scholarship	PA	45
Melissa Antonio	Matt Cohen Scholarship	RI	45
Damali Stansbury	Matt Cohen Scholarship	PA	45
Melissa Clark	Matt Cohen Scholarship	WV	45
Rhonda Mascio	Matt Cohen Scholarship	PA	45
Marcie LaDell	Matt Cohen Scholarship	FL	45
Stephanie Pennington	Matt Cohen Scholarship	TX	45
Larry Dunn	Matt Cohen Scholarship	UT	45
Lesli Smith	Matt Cohen Scholarship	MA	40
Dawn McClintock	Matt Cohen Scholarship	PA	40
Tracy VanOverbeek	Matt Cohen Scholarship	CA	40
Stacy McCrary-Freeman	Matt Cohen Scholarship	MI	45
Lauren Ruddock	Matt Cohen Scholarship	OH	45
Candace Ranson	Matt Cohen Scholarship	LA	45
Chris and Sarah Manrique	Matt Cohen Scholarship	NV	45
Beth Shapiro	Matt Cohen Scholarship	MN	45
Kelly Brady	Matt Cohen Scholarship	DE	45
Steven Holt	Matt Cohen Scholarship	NC	45
Roberta Alexander-Seals	Matt Cohen Scholarship	CA	45
Virtryece Michel	Matt Cohen Scholarship	NY	45
Rosemary Kokesh	Matt Cohen Scholarship	MN	45
Belinda Moisan	Matt Cohen Scholarship	GA	45
John Ford	Matt Cohen Scholarship	GA	45
Diana Doyle	Matt Cohen Scholarship	GA	45
Sarah Tapia	Matt Cohen Scholarship	MN	45
Janice Martinez	Matt Cohen Scholarship	IL	45
Mike & Lynn Myrvang	Matt Cohen Scholarship	WA	45
Kathleen Tilmon	Matt Cohen Scholarship	PA	45
Lorie Smith	Matt Cohen Scholarship	OH	45
Ronald Beach	Matt Cohen Scholarship	KY	45
Traci Davis	Matt Cohen Scholarship	AL	45
Kathleen Tilmon	Matt Cohen Scholarship	PA	45
Angela Schaeffer	Matt Cohen Scholarship	NJ	45
Mary Beach	Matt Cohen Scholarship	KY	45
Brian Nordstrom	Matt Cohen Scholarship	LA	45
Jennifer Griffith	Matt Cohen Scholarship	MI	35
Deidre Coleman	Matt Cohen Scholarship	OH	45
Doreen Prager	Matt Cohen Scholarship	CA	40
Renee Bremberg	Matt Cohen Scholarship	CA	40
E. Rikki Gillum	Matt Cohen Scholarship	TX	45
Renee Outlaw	Matt Cohen Scholarship	NC	45
Charlette Paulk	Matt Cohen Scholarship	LA	45
Russell Stueber	Matt Cohen Scholarship	CO	45
Diana Rork	Matt Cohen Scholarship	MI	45
Award Plaques and Related Administrative Expenses		N/A	4,691
			<u>\$ 56,372</u>



FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

CHADD PROVIDES SUPPORT FOR INDIVIDUALS WITH ATTENTION  
DEFICIT/HYPERACTIVITY  
DISORDERS THROUGH PARENT SUPPORT GROUPS, LOCAL CHAPTERS, CONFERENCES,  
MAGAZINE PUBLICATIONS, NEWSLETTERS & PROGRAM MATERIAL, AND WORKING  
WITH SCHOOL SYSTEMS AT THE STATE AND LOCAL LEVEL.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PREPAID INSURANCE	17,171.
PREPAID EXPENSE	77,737.
TOTALS	----- 94,908. =====

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
LONG TERM INVESTMENTS	250,171.
	-----
TOTALS	250,171.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	23,715.
TOTALS	----- 23,715. =====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION  
-----

ENDING  
BOOK VALUE  
-----

TOTALS

-----  
397,593.  
=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CAPITAL LEASE OBLIGATIONS	92,106.
TOTALS	----- 92,106. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION	AMOUNT
-----	-----
GOLF TOURNAMENT EXPENSES	25,855.
	-----
TOTAL	25,855.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
GOLF TOURNAMENT EXPENSES	25,855.
TOTAL	----- 25,855. =====



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PHYLLIS ANNE TEETER ELLISON, ED. D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	PRESIDENT 2.00	NONE	NONE	NONE
TERRY ILLES, PH. D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
HARVEY PARKER, PH. D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
ROBERT TUDISCO J. D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
SHARON WEISS, M. ED. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
ANN ABRAMOWITZ PH. D.	PAB CHAIR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785				
E. CLARKE ROSS, D. P. A., CEO 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	CEO 40.00	195,654.	5,870.	NONE
MARIE PAXSON 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
BRENDA JOHNSON 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
STEVE PEER, M. S. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
CATHERINE SALVA 8181 PROFESSIONAL PLACE 150	DIRECTOR 2.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
LANDOVER, MD 20785				
ELLIOT PORTNOY 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	LEGAL COUNSEL 2.00	NONE	NONE	NONE
BARBARA HAWKINS 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
CARTER MCDOWELL 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	CHAIRMAN FINANCE & AUDIT COMM. 2.00	NONE	NONE	NONE
SUZANNE VOGEL-SCIBILIBA 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR 2.00	NONE	NONE	NONE
	GRAND TOTALS	195,654.	5,870.	NONE
		=====	=====	=====

FORM 990, PART VI, LINE 90A - STATES

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AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA,  
HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM,  
NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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93AB	PROVIDE SUPPORT FOR INDIVIDUALS WITH ATTENTION DEFICIT/ HYPERACTIVITY DISORDERS AND THOSE WHO CARE FOR THEM.
94	MEMBERS RECEIVE PUBLICATIONS AND NEWSLETTERS, AND ARE ELIGIBLE TO BECOME AFFILIATED WITH LOCAL CHAPTERS.
101	GOLF TOURNAMENT DIRECT EXPENSES.
103B	OTHER REVENUE ASSOCIATED WITH PROVIDING SUPPORT TO INDIVIDUALS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDERS AND THOSE WHO CARE FOR THEM.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MARSHA BOKMAN 8181 PROFESSIONAL PLACE LANDOVER, MD 20785	DIRECTOR OF MEETINGS 40.00	141,508.		NONE
TIMOTHY MACGEORGE 8181 PROFESSIONAL PLACE LANDOVER, MD 20785	NRC DIRECTOR 40.00	100,588.		NONE
BRYAN GOODMAN 8181 PROFESSIONAL PLACE LANDOVER, MD 20785	COMM. AND MEDIA DIR. 40.00	105,769.		NONE
RUTH HUGHES 8181 PROFESSIONAL PLACE LANDOVER, MD 20785	CHIEF PROGRAM OFFICE 40.00	124,173.	NONE	NONE
RUSS SHIPLEY 8181 PROFESSIONAL PLACE LANDOVER, MD 20785	CFO 40.00	124,934.	3,748.	NONE
	TOTAL COMPENSATION	----- 596,972. =====	----- 3,748. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
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CORDIA PARTNERS/PROSOURCING PARTNERS 8320 OLD COURTHOUSE ROAD, SUITE 301 VIENNA, VA 22182		128,974.
SONNENSCHNEIN, NATH & ROSENTHAL 1301 K STREET, NW SUITE 600, EAST TOWER WASHINGTON, DC 20005		134,671.
DATA IMPACT SOLUTIONS 5092 DONOVAN DR ALEXANDRIA, VA 22304		88,000.
NONE		NONE
NONE		NONE
TOTAL COMPENSATION		----- 351,645. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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COMPENSATION OF EXECUTIVE DIRECTOR AND DEPUTY CEO. SEE STATEMENT 2.